

PRINTING REQUEST		AGENCY NUMBER <i>(FOR PRINTING & DISTRIBUTION USE ONLY)</i>	
AGENCY/PROGRAM/ACTIVITY		APPROPRIATION NO.	DATE OF REQUEST
TITLE/ITEM/SERVICE DESIRED		DATE LAST PRINTED	<input type="checkbox"/> NEW <input type="checkbox"/> REPRINT <input type="checkbox"/> MAJOR REVISION <input type="checkbox"/> SLIGHT REVISION
NO. OF COPIES TO BE PRINTED	<input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> SCIENTIFIC/TECHNICAL	<input type="checkbox"/> PUBLIC TYPE OF PUBLICATION <i>(i.e., book or pamphlet, directive, federal register reprint, etc., for forms use section below)</i>	SERIES NO.

PAPER AND INK	
TEXT PAPER <i>(Grade, Color, Weight)</i>	INK COLOR
COVER	

MATERIALS FURNISHED <i>(Quantity, include sample if possible)</i>				
CAMERA COPY/NO. OF PAGES FURNISHED	NEGATIVES	HALFTONES	TRANSPARENCIES	OTHER

PRINTING/BINDING SPECIFICATIONS				
TRIM SIZE <i>(Final size)</i>	<input type="checkbox"/> ONE SIDE ONLY	<input type="checkbox"/> HEAD TO HEAD	<input type="checkbox"/> HEAD TO FOOT	OTHER <i>(Fold and paste, perfect bind, etc.)</i>
PAPER COVERS	STITCHING/BINDING		DRILL/PUNCH	NO., POSITION, AND SIZE
<input type="checkbox"/> SELF <input type="checkbox"/> SEPARATE	<input type="checkbox"/> SIDE <input type="checkbox"/> SADDLE <input type="checkbox"/> TAPE		<input type="checkbox"/> NO <input type="checkbox"/> YES	

FOR PRINTING OF FORMS ONLY				
FORM NUMBER	<input type="checkbox"/> PADS OR TABLETS <input type="checkbox"/> BLANK FORMS <input type="checkbox"/> SETS <input type="checkbox"/> NO CARBON REQUIRED <input type="checkbox"/> CARBON INTERLEAVED CHEM TRAN.	CARBON <input type="checkbox"/> BLACK <input type="checkbox"/> ONE TIME <input type="checkbox"/> BLUE <input type="checkbox"/> DUAL PURPOSE	SIZE <i>(Inches)</i>	

PROOFS AND DELIVERY			
PROOFS REQUESTED	SHRINK WRAP/OTHER <i>(Specify)</i>	IS OVERTIME AUTHORIZED TO MEET DELIVERY?	REQUESTED DUE DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Attach justification)</i>	

SPECIFY SINGLE DESTINATION BELOW OR ATTACH AD-156, DISTRIBUTION LIST FOR MULTIPLE DELIVERY POINTS

MAILING INFORMATION			
LITERATURE CODE	RECIPIENT CODE	DISTRIBUTION	
		<input type="checkbox"/> ALL EMPLOYEES <input type="checkbox"/> REGULAR <input type="checkbox"/> CUSTOM	
DEPARTMENT LABELS <i>(Codes)</i>		LABELS FURNISHED	SELF MAILER
		<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Contact the PDMB, MSD)</i>
ADDITIONAL INSTRUCTIONS			

NAME OF PERSON TO CONTACT	TELEPHONE NUMBER	UNIT NUMBER	AUTHORIZED BY <i>(Signature)</i>
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